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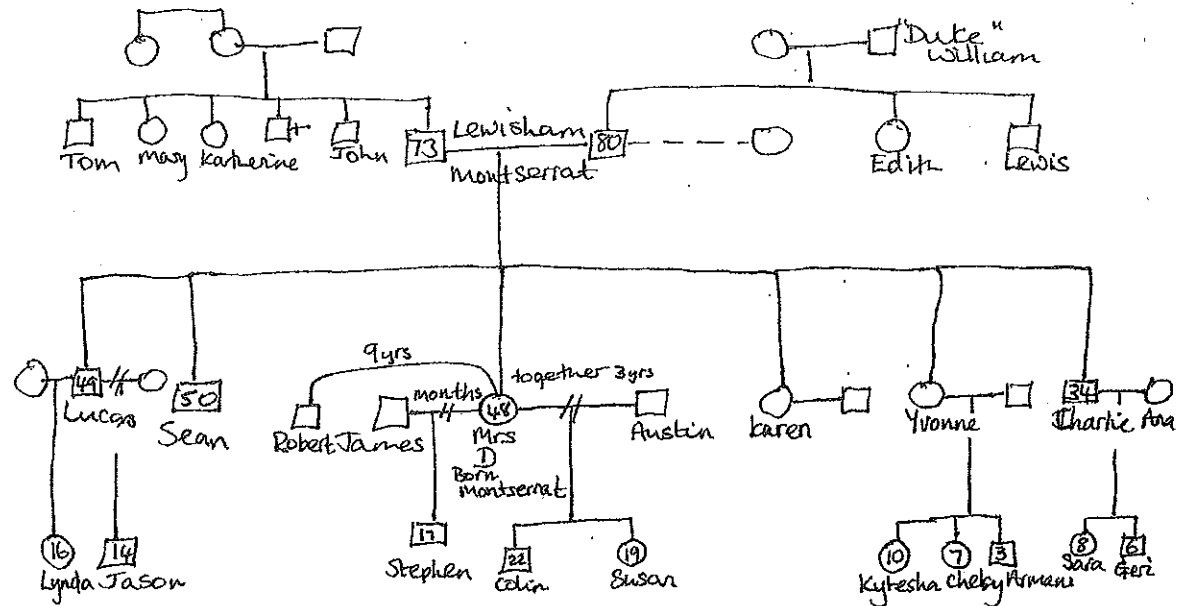
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Understanding relationships through genograms

laura glendinning



Mrs D's genogram

(All names and places have been changed.)

Mrs D arrives a little late, but nothing out of the ordinary. She came yesterday thinking her appointment was then. I ask her about this and she says it was wishful thinking. She had had an awful time at home with Colin, 22. He had attacked her partner in the early hours with a knife. Mrs D had called the police and sustained a huge bite on her arm. I get interested in why the fight had taken place.

It is always difficult in the work with Mrs D for me to keep (the identified patient) Steven in the focus. Colin is always uppermost in Mrs D's mind and I have tried my hardest to find out why this is. Yes, Colin has mild learning difficulties; he is her first son, but it still feels a puzzle to me. Colin has his own residence but never sleeps there. Steven, 17, and Susan, 19, have both almost moved out because of Colin's aggression, but still Mrs D feels she cannot give up on him. The GP feels he should be kicked out; others have thought about injunctions, but still Mrs D can't tolerate not having him close.

Back to the fight – Colin's dog had puppies two months ago, he has been selling them and was going to sell one for a cheaper price to his brother Martin (Martin? Who's Martin?). Martin then changed his mind and didn't want the puppy, so Mrs D's partner, Robert, trying to be helpful, had taken it down the pub and sold it for £300 to a friend. But Colin thought the puppy was worth more because it had now had its injections.

I feel bad because I have become more interested in Martin than the story, and I say he has a brother called Martin? Mrs D tells me that Austin, Colin's dad has 11 children, and I show interest in a neutral way although inside I am having a rush of thoughts along the lines of – wow – 11; how come I've never asked about Austin's children even though I have met him?

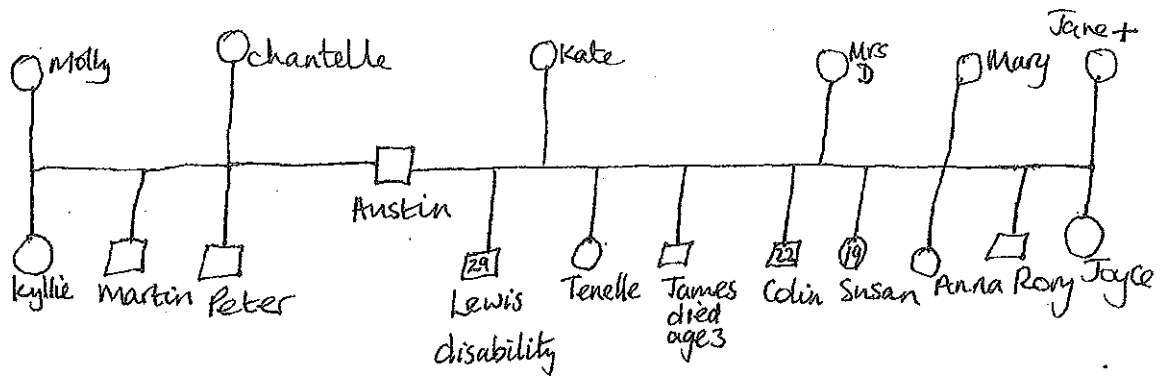
I gently go back to the fight and the knife and the calling of the police, and ask about Steven and Susan, and her partner and what on earth she thinks can be done. Then I get up and I walk across the room to my window sill and bring back a folder which is my genogram folder and I take out her family genogram that Mrs D and I did a year ago and periodically we add to.

The family have had a long involvement with our service, but during my time I have supported Steven starting individual psychotherapy. Steven was dropping out of school and arguing with his mother. He has had some brushes with the law. When he was 15 he requested some counselling which he seems to use well. I have met with Mrs D on her own and with Steven; also with Robert, her live-in partner; with Austin, Colin and Susan's father and with Colin. But mainly I meet with Mrs D.

I have always enjoyed using genograms but tended in the past to file them away and try and remember the information rather than bringing them to each session to continue, or add to. I would always regret not having it when three-generational family talk started and feel embarrassed because I feel the need to do another one or I have to ask the family to remind me. So I have started keeping all my genograms on my window sill in a plastic folder for easy access, so I can use them with families as a working tool. They have become much more present in my work as a way of stimulating my curiosity about the rest of the family, even more so when working with an individual.

I say that I realise, although her genogram has a lot on it, I know very little about Austin's relationships and it was news to me to find he has 11 children and I suggest we do a map of them.

I am surprised that Mrs D knows all their names and all their mothers except for one.



Austin's map

The session returns to Mrs D's worries about Susan. She tells me that she and Yvonne (her younger sister) and her mother talked with Susan at the weekend about her male friends and her life. The discussion had got physical but at least Yvonne had said the things that Mrs D couldn't. I wondered with her, if she had been able to take a risk, what she would have liked to say, and we spend some time discussing the different levels of risk in saying things to her daughter.

The genogram remains between us on the table.

We move back to Colin. Mrs D's biggest worry is that he will harm someone outside the home and I wondered whether prison might be some sort of answer. She tells me that Sean (her oldest brother) is in prison for sexual assault and that he has been in previously for manslaughter. He also has learning difficulties and she feels he suffers at the hands of others in prison and she worries that things will be similar for Colin.

I am staring down at the two genograms and realise I am once again thinking about Steven. I feel he is not prominent enough; he is after all only 17, and hardly living at home, and I worry that Mrs D's thoughts are always taken up with Colin.

Mrs D points to Austin's map and says, "You know Colin and Anna are the same age" [Anna is one of the other 11 children of Austin, whose mother is Mary], and I have a rush of thoughts about this, but before I articulate anything she says, "I have never told anyone this but when Colin was born I thought he was really 'a dirty baby'". The tears are pouring down her face as she reassures me that she did look after him but because she knew about Mary she felt that Colin was somehow sullied. She went on to say that Mary gave Austin an ultimatum to leave Mrs D, which he didn't, so instead Mary gave up her baby, Anna, and Mrs D looked after both infants. She is weeping inconsolably.

As I listen to this I think about her life, which is so different from mine in many ways and not in others. I think about the choices she feels she has had to make for her children and I feel emotionally connected to Mrs D. I feel like crying.

While writing this I have struggled to understand the depth of my reaction. I was given away at birth (to a family who cared and loved me). I have a good relationship with my birth mother and my adoptive family. I also have my own children.

This session gave me a better understanding of the choices Mrs D makes. She understands some of the risks this involves towards her other children but somehow feels their beginnings were stronger. I feel in my life now I too have some understanding of how complicated births can

be, through the conversations I have had with my birth mother and my own experiences. Despite this, I realise I had never explored Colin's early life before and Mrs D, as she said, had never told anyone the depth of feeling she had had about it. (This was only last week and feels like a real turning point for both of us in understanding why Colin is so looked after despite his behaviour. If I hadn't used the genogram as a visual tool I probably wouldn't have asked the questions I did, and Mrs D.....well I will need to ask her.)

Next appointment – I tell Mrs D that I am keen to write an article about genogram work and I had been wondering about using our last session to illustrate my points. I show her the replica of the genogram and say the names are all completely different. You are Mrs D. She relaxes and says "that's fine" and asks me what sort of journal it might be published in and I explain. Again, she agrees.

I think with her a bit about how she has found using a genogram to explore and understand things. She says it has given her an overview of the whole family; she has been struggling to understand why she feels so responsible for Colin. She thinks she has told me about Anna before and I accept that she may have done and I had forgotten. She looks at the map we did last week of Austin and she fills in a few ages of children she hadn't remembered before but has been thinking about.

"I just don't want Colin to turn out like my oldest brother if I can just save him from that experience."

The work continues.

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